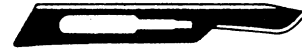


THE CUTTING EDGE



Oral and Maxillofacial Surgery Items of Interest

ABOMS

Results have been announced for the annual oral examination of the American Board of Oral and Maxillofacial Surgery (ABOMS) held in Chicago in February 1997. I am extremely pleased to announce our newest diplomates:

Lt Col Ron Berry	Yokota
Lt Col Wayne Dudley	Wright Pat
Lt Col Kevin Kiely	Langley
Lt Col John Leist	Travis
Major Jim Wimsatt, III	Miami

I would like to personally thank you for the sacrifices you have made for the Air Force, your profession, and your patients. You have my heartfelt congratulations on this high achievement. Board certification is perhaps the most important credential you carry and identifies you as an absolute expert in Oral and Maxillofacial Surgery. Well Done!!

While on the topic of boards, I would remind our OMSs that the recertification process has begun for those on time limited certificates. The first recertification exam was given at the same time as the written qualifying exam. Rumor has it that the turnout was small. Remember, you may take the recertification exam as soon as three years before your certificate is due to expire. Also, I was asked by the executive secretary of ABOMS, Ms Cheryl Mounts to remind our Air Force

Members to be sure to notify them of any extenuating circumstances that develop in your board certification process. She stated that the clock begins to run when the application is submitted. She wants to know of any situation that develops which may prevent a candidate from taking the exam on time. They recognize that occasionally, situations develop that may be related to military affairs that interfere with the process and that they want to do anything possible to help us. Again, on the topic of boards, I want to remind anyone passing boards that there are two personnel actions to be completed. The first, obviously is to let Special Actions know so they can effect the pay change. That does not automatically accomplish the change in prefix for your AFSC. To have the M prefix assigned, it takes a separate action at the Military Personnel Flight. More importantly, individuals sometimes do not have the appropriate primary AFSC assigned to them after completion of training. For example, some of you do not show up on database lists of OMSs because you carry the 47G3 AFSC. This is a frequent oversight by recent graduates and not doing it leads to inaccuracies in the database at the Military Personnel Center. Unfortunately, at this time it can only be accomplished by the individual member at the MPF.

Finally, special congratulations are certainly in order to **Lt Col Jeff Armstrong** and our recently retired **Colonel Mike Savage** who were selected to be members of the

examination committee. This is truly an honor. They are now part of a very select few of our specialty who achieve this recognition for their achievements and dedication. We are proud of you both!!

HAILS & FAREWELLS

Congratulations to our new graduates:

Lt Col Walt James	Barksdale
Lt Col Ray Kaercher	Osan
Lt Col Julie Townsend	Scott
Maj Don R. Hoaglin	Luke
Maj Bryan House	Eglin

Lt Col Jim Heit completed a reconstruction fellowship at The University of Miami and **Lt Col Bailey Robertson** completed an esthetics fellowship at The University of Alabama. Both these gentlemen are now assigned at Wilford Hall. **Maj Jim Wimsatt III** began a one year fellowship in reconstruction with Dr. Robert Marx at The University of Miami in Jul 97. Good luck Jimmy!!

This Air Force lost some fine surgeons this past summer. Colonels **Jim Cornelius** and **Dave Kretzschmar** retired after 20+ years of dedicated service. Jim entered private practice near Dallas and Dave accepted a teaching position at Wake Forest University. Impending losses are upon us as well. **Colonel Ben Connaughton** has accepted a position on the staff at the University of Oklahoma Dental School in Oklahoma City. Ben retires from the Air Force after ably serving as Chairman, Dept of OMS, David Grant Medical Center. **Colonel Wayne Tanaka** will soon be leaving for a faculty position at Loma Linda University. We wish all of these fine officers and their families the very best and hope their new endeavors bring success and satisfaction. You have our sincere appreciation for all your years of dedication to care our patients, education of

our young officers and service to our country.

Lt Col Bill Goehring separated from Yokota and is in private practice in Montgomery, AL. Also, **Major Rick Boyle** left Eglin AFB for private practice in Blacksburg, VA. Congratulations! Best of luck and many thanks for your hard work and dedication.

OMS CORPS STATUS

By year's end our OMS corps will stand at a total of 50 members. Two of these OMS are working primarily in command jobs and one is currently attending fellowship training. We have six residents expected to complete training next summer--five from our own residencies and one at a civilian program with an Air Force obligation. At the time of writing, we are uncertain about retirements and separations next summer.

Thanks to all of you who have helped to recruit, encourage, and interview the applicants who were evaluated at the Resident Selection Board held in conjunction with the annual Dental Education Meeting 27 - 31 Oct 97. Congratulations to the following selectees:

Capt Joe Disano (Tyndall)	DGMC
Capt Albert Oulette (AF Academy)	DGMC
Capt John Bridges (Sheppard)	WHMC
Capt John Hultquist (Luke)	WHMC
Capt Keith Long (Pope)	WHMC
Maj Ernesto Torres (Laughlin)	alternate
Maj A.J. Pillai (Shaw)	Esthetic Surg Fellow

Let me remind those who interview our candidates to complete the Dental Residency Applicant Interview form in order to standardize the format and comply with instructions from the Education Office. We need your continued support in identifying and encouraging capable and interested candidates. Opportunities for advanced

dental training have never been better, so please encourage our young officers to “seize the day.” All of our dental residencies need to draw on the best the Dental Corps has to offer. Please keep in mind the application policy change that allows a dental officer to apply for training after one year of active service. Also, when you advise these individuals, please stress the importance of completing the appropriate level of professional military education as soon as possible. This is no longer considered an option for those wishing to take advanced training or to pursue an Air Force career.

\$\$ PAY \$\$

By the time this reaches the field, it is likely that something concrete will be known about the pay initiatives. The most recent information that I have is that the proposed increases in variable special pay and additional special pay look good. There have been delays in the Defense Authorization Bill to which it is attached. Our leaders are optimistic that these changes are coming. The hope and expectation is that these will be retroactive to 1 Oct 97. That would require renegotiation of ASP dates to this new effective date. I am led to believe that there is reason for optimism for those eligible for the multi-year retention bonus. Eligible OMSs were specifically named as recipients for this significant pay change. There is optimism because apparently the Air Force has the money to fund this if final approval is made. Remember that eligibility is dependent upon having completed payback for training. Good luck! Just don't spend it until you have it.

Our leaders are to be commended for pushing for these significant changes in pay. They are quick to acknowledge the invaluable support of the ADA without whose interest and influence there would have been little hope of success. The ADA strongly seeks

our support. Please consider use of part of that pay increase for ADA membership.

AAOMS NEWS

The 79th annual AAOMS meeting took place in Seattle in September. There was a strong Air Force turnout for some excellent education and camaraderie.

Special thanks to **Colonel Jack Faircloth** who served as the Air Force's delegate in the House of Delegates and to **Colonel Scott Hornburg**, our alternate delegate. These gentlemen went above and beyond in the preparation for the meeting and in the time they devoted to delegate work which took them away from some valuable and enjoyable continuing education. Several key AAOMS elections were held this year:

President Elect:	David A. Bussard
Vice President:	Donald F. Booth
Treasurer:	Boyd Tomasetti

The armed forces are represented in District II and the following District II election results are reported:

District II Trustee:	Howard R. Strauss
District II Chairman:	Daniel Daley
District II Secretary:	Arthur Jee

Jack and Scott are well aware of our concerns about high dues and meeting expenses. There were no dues or meeting hikes mentioned and all service delegates will strongly oppose, and encourage District II delegates to oppose, any such move in the years to come.

I would like to encourage AAOMS membership for all Air Force OMS. As a national advocate for the specialty there is no larger (>5000 members) or stronger organization. The continuing education, journal, and research sponsored by AAOMS touches us all. Also, as we complete our

military careers and transition to the civilian sector, AAOMS services and activities in such areas as reimbursement, hospital privileges, credentialing issues, practice management, and advertising will positively impact our profession and livelihood.

Senior residents interested in joining AAOMS can save a significant amount of money by applying for membership by 1 November of the final year of training. Dues in the first year out will be two-thirds off and for the second year out, they will be one third off. Call AAOMS (1-800-822-6637) for applications.

Also, surgeons entering fellowship training may be granted a waiver of dues by submitting in writing by 1 April of the year in which the waiver is to be granted. Call AAOMS (1-800-822-6637) for details.

Starting in 1999, the AAOMS Midwinter Meeting will be discontinued as its own entity because of poor attendance and revenue loss. It seems this meeting will be combined with the AAOMS December Implant meeting.

OMS IN REMOTE LOCALES

Lt Col Ray Kaercher is our “Lone Warrior” at the front this year. Ray volunteered for Osan and is penciled in for a follow-on assignment to WHMC. He leaves behind his wife, Deb, who remains in San Antonio with their three children. Thanks, Ray, for your duty and sacrifice.

ASSIGNMENTS ‘97

Interest in assignments began early this year. Those who went through the process last year recall that it seemed to be a rather extended process with its share of frustrations. Colonel Al Hancock did an outstanding job handling these in very

difficult times of limited dollars and options. As many of you know, he has moved to Air Mobility Command as the MAJCOM Dental Commander and has been replaced by Lt Col Lynn Johnson. Lynn was a super choice in that he is familiar with the process from working in the same office. As best that I can see, this will be another challenging process this year. The fundamentals of the process are that it remains a volunteer system whereby most assignments will be advertised on the AFPC bulletin board. Those eligible to move may volunteer and be considered for the open assignments. The ultimate decision as to who gets a particular assignment is made by the gaining commander. Why did I say “most” will be advertised? Because the O-6 and commanders positions are handled a bit differently. What about the O-6 slots and where are they? Well these are primarily places where need for senior leadership has previously been identified. I would tell you that in changing times and changing demographics, the places formerly considered as O-6 slots are not necessarily so. It remains the job of the local and MAJCOM leaders to determine what person they want to do the job. Therefore, you will not see every assignment advertised. My advice would be that if you have a desire to move and are eligible, then make your desires known through the appropriate channels which would be the AF Form 3849 or AF Form 620 (for O-6s) sent to Lt Col Johnson at AFPC with a copy to me as well. Certainly, if an assignment appears on the board that interests you, then volunteer. Assignments are placed on the board when the MAJCOM notifies AFPC that an opening will occur. I expect multiple opportunities in Europe as well as the Kadena job to come open. There has been quite an interest in the European jobs and considerably less for Kadena. Also, remember that **Osan** is one that recurs each year. At this time, there are no commitments for it. I would remind anyone wanting to use it to leverage a base of preference to follow-on, that we do our best to accommodate those individuals to get them

a choice assignment. Where's that adventure spirit? **Uncle Sam needs You!!**

CLINICAL SURGEON'S MEETING

Last year's Society of Clinical Surgeons (SAFCS) meeting was a resounding success. I would like to personally thank **Lt Col Alan Peet** and his colleagues at David Grant Medical Center for a job well done. The 45th annual Society of Clinical Surgeon's meeting will be held at the San Antonio St. Anthony Hotel this year from the 5th through the 9th of Apr 98. The tenth of April will be dedicated to a maxillofacial trauma symposium. **Lt Col James Heit** is the OMS program chairman for this year's SAFCS. Keep your eyes peeled for registration information from the Chicago SAFCS Headquarters. Abstracts need to be in to Dr. Heit by 9 Jan 98. His fax number is DSN 554-7879 or commercial 210-292-7879. As usual senior residents presenting abstracts will have the highest priority for funded attendance. Next priority will be field surgeons with abstracts to share. Unfortunately, quotas allocated for this meeting are once more quite limited so please look for alternative ways to obtain funding. Attend this important meeting if at all possible.

HOW WE PRACTICE

We frequently receive questions from the field about **IV conscious sedation**. These are typically generated in preparation for a JCAHO/HSI inspection or following one. There is no doubt that this is a high visibility area of dental practice that unfortunately is hard to regulate from a central authority due to variable interpretations by local MTFs and inspectors. The most frequently asked questions are:

1. Is an H&P required?
2. How many assistants in the room?

3. Do the assistants need formal training?
4. How does the dentist regain credentials if they have been "lost" due to too few cases?

Unfortunately space limitations restrict the detail of the answers I am about to offer. If you have questions, feel free to call me (DSN 554-5215) or Scott Hornburg (DSN 554-6215). Scott has worked most of our local issues of conscious sedation and has had several conversations with JCAHO personnel for interpretations.

1. JCAHO requires that an appropriate pre-anesthetic evaluation be done before conscious sedation or general anesthesia. It also requires an appropriate physical exam be done that documents the purpose of the surgical procedure. We contend that this does not have to equate to an H&P as we know it for hospital admission. The AF Form 1417 has been redesigned and is soon to be available for use. It will provide not only the form to document the sedation procedure, medications, monitoring, etc., but also will provide the format to document the pre-anesthetic assessment and the immediate pre-anesthetic reassessment that is also required. You may want to do as we have and have the draft form approved for local temporary use to facilitate what we believe will keep us in compliance with JCAHO requirements. Call us if you have not seen this draft form.

2. There are some who believe that a third person specifically dedicated to monitoring the patient is needed when conscious sedation is performed. Both the American Dental Association (ADA) Guidelines for Conscious Sedation, Deep Sedation, and General Anesthesia and the AAOMS Parameters of Care distinguish conscious sedation from deep sedation and general anesthesia stating that two persons for conscious sedation and three for deep sedation and general anesthesia are minimal requirements. At the heart of the distinction is the consciousness of the patient which equates to integrity of protective reflexes and

spontaneous respiration. Another source on this matter is the article, "Practice Guidelines for Sedation and Analgesia by Non-Anesthesiologists" (Anesthesiology, 1996; 84: 459-71). This addresses many aspects of the conscious sedation procedure including the fact that a person monitoring the patient may appropriately "assist the surgeon with minor, interruptible tasks." This points to the importance of the technicians in monitoring the patient and leads to question # 3.

3. Technicians who assist in conscious sedation are a vital part of the intra-operative monitoring. For this reason, it is incumbent that they have appropriate "skills verified" training specifically directed at this form of patient care. Given that many MTFs provide conscious sedation in several specialty clinics, many nursing services have developed training programs for technicians, so these may be available locally. If you need guidance in this regard, we can show you what we are doing locally at our medical center.

4. The issue of credentials is always handled locally at the MTF, so any policy established centrally is for guidance only. The guidance for maintenance of IV sedation credentials is currently addressed in a policy letter from HQSGD of 27 Jun 95. The same parameters will be included in the revision of AF Instruction 47-101. Simply stated, one must administer or directly supervise 24 cases in a two year period. This requirement is examined at the biannual credentials review. If the cases have not been accomplished, then performance is permitted under supervision. Reinstatement of full privileges requires the assistance of someone fully credentialed in IV sedation. This person should help plan a course of didactic review covering appropriate subjects such as patient assessment, pharmacology, monitoring, emergency care, etc. Additionally, a number of supervised cases sufficient to demonstrate capability and safety is in order. A minimum of five cases has been suggested. If the

dentist fails to "renew" the privilege before the next biannual review, then it is felt that reinstatement should be contingent upon completion of all requirements of original certification. For whatever reason the failure to stay current, it is felt that active practice is important in maintaining our record of safety. From 1986-1995 Air Force dentists performed 264,182 sedations without significant morbidity. We should be proud but also be committed to maintenance of this safe practice.

On 8 May 97 MGen Roadman issued a policy letter prohibiting admission of patients for routine dental care. This effectively eliminated the admission of patients for postop care following conscious sedation. However, as related in a previous newsletter, the establishment of the **Ambulatory Procedure Visit (APV)** has given us the tool to provide the same level of care while technically not admitting the patient. The use of the APV and Wilford Hall's observation unit have allowed us to comply with the policy letter. I know many of you were actually ahead of us in these innovations. I hope that by now, the Dental Corps has effectively eliminated all such admissions felt to be inappropriate. Thanks for your help adapting to the new way of doing business.

TECHNICAL NOTE

WHMC now has in-house stereolithography capabilities. This "cutting edge" technology allows the user to obtain from CT data an accurate three dimensional resin model of any ossified structure or complex. We have applied this technology to create resin models for several clinical cases involving defects of hemifacial microsomia and other congenital anomalies, tumors, trauma, and surgical defects. The Department of Prosthodontics deserves a great deal of credit for obtaining and piloting the hardware and expertise. Combining this with their laboratory

capabilities for titanium casting, laser welding and electrical discharge machining (EDM) opens the door for any number innovative approaches to difficult surgical problems. If you have a patient that could benefit from these technologies, please call Lt Col Wendell Edgin or myself. Keep in mind that the CT scan for data acquisition needs to be done by protocol parameters to ensure the quality of the final product.

ADA CODES

I am sure that by now everyone has been introduced to the new accounting with ADA codes. Everyone is expecting some difficulties transitioning to the new system in large part because of different philosophies. Using the old "CTV thinking" is not how it is to be done now. That mindset of looking for credit to take wherever you could apply a code is not appropriate. Such thinking may well make our care too expensive when we start measuring the cost of the care we provide. The available guidance is found in the implementation guidelines on the **AF Dental Service Home Page:**

<http://usafsg.satx.disa.mil/~afdental>

Additional instructions have been offered in the recent (Oct) issue of SGDetails. I tend to agree with many of you that the price of some of the OMS services does not seem to be in line with what we hear, particularly with regard to orthognathic surgery. I am told that these figures were taken from a standard pricing schedule based on norms of some sort and that they were selected from the 80th percentile. Keep in mind that this is a Tri-service project and changes require much coordination. Do your best and keep me posted of any particular problems or concerns. I do know that ADA codes are to have their first re-evaluation at the upcoming AMSUS Meeting this month.

OMS DIRECTORY

Last December **Mrs. Donna Luna** retired as OMS secretary at Wilford Hall. She is deeply missed and we wish her our very best. **Mrs. Cheryl Tholen** took the reins from Donna and has been in place since last January. Enclosed find the latest edition of the OMS Directory with current addresses and phone numbers. There are bound to be some errors despite our best efforts. Please inform us (contact Cheryl @ DSN 554-5215 or e-mail <tholen@whmc-laafb.af.mil>) of any needed changes.

Thanks to all of you for your hard work in very challenging times!

WILLIAM L. DAVENPORT Col USAF, DC
Special Consultant in Oral and Maxillofacial Surgery to the Assistant Surgeon General for Dental Services